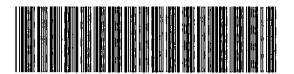
L13000065344

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

. 7 - 923

T. HAMPTON

COVER LETTER

Division of Co			
SUBJECT:	J. Franklin Name of Lim	Properties, LLC	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Lauri T	Name of Person	
	J. Fra	nulin Properties	LLC
	13810 Sutto	n Park Dr. N. #	618
	Jacksonville	City/State and Zip Code	
	LEBUTTIS E-mail address: (@ Bellsouth.net to be used for future annual report notif	ication)
For further information of	oncerning this matter, please co	all:	
Laver B Name o	f Person	at (<u>4D7</u>) <u>504</u> - Area Code Daytimo	8858 Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 1, 2015

LAURI BURRIS 13810 SUTTON PARK DR N # 618 JACKSONVILLE, FL 32224

SUBJECT: J. FRANKLIN PROPERTIES, LLC

Ref. Number: L13000065344

We have received your document for J. FRANKLIN PROPERTIES, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III Letter Number: 415A00006511

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J. FRANKLIN	PROPERTIE	S, LLC		
(Name of the Limited Liability Com (A Florida Limite	ed Liability Company)	on our recorus.)		
The Articles of Organization for this Limited Liability Compa	ny were filed on	05/23/20	2/3 and a	ssigned
Florida document number <u>L/3000065344</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company her	<u>e</u> :		
The new name must be distinguishable and end with the words "Limited L	iability Company," the d	esignation "LLC" or	the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			≥	
(Principal office address MUST BE A STREET ADDRESS)				- algre
			E P	grante F
			SSE 9 P	d The first
Enter new mailing address, if applicable:			구 공	August 1
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
			DE +	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, <u>er</u>	nter the nam	e of the nev
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:				
	Enter Florid	da street address		
		, Florid		
	City		Zip Coa	le

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Aut	horized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Rowe, Douglas	13810 30Hon park Dr. N # 618	Add
		JACKSDAVIlle, FL. 32224	Premove
MGR	Burris, Gregory	1381D Sotton Park Dr. N *618	⊠ Add
		Jacksonville, FL. 32224	□ Remove
			🗆 Add
			Remove
			<u></u>
			_□ Add
			□ Remove
			
		ALCAHADORE OR SECONDO	Add Remove
		() Cas	
		E STATE LORIDA	2:
			_ Remove

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Ye - 4' 1 . 4 - ' C . 41 41 41 1 . 4 C CII	(optional)
effective date, if other than the date of filing:	d cannot be more than 90 days after
effective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and date this document is filed by the Florida Department of State)	d cannot be more than 90 days after
ne date this document is filed by the Florida Department of State)	d cannot be more than 90 days after
he date this document is filed by the Florida Department of State)	d cannot be more than 90 days after
Pated,	
he date this document is filed by the Florida Department of State)	
The effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State) Dated Signature of a member or authorized reproductive to the control of the	

Page 3 of 3

Filing Fee: \$25.00

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SEURETARY OF STATE
TALLANY SSEE, FLORID